

Delaware's Plan for Unwinding from the COVID-19 Public Health Emergency

February 2023

BACKGROUND

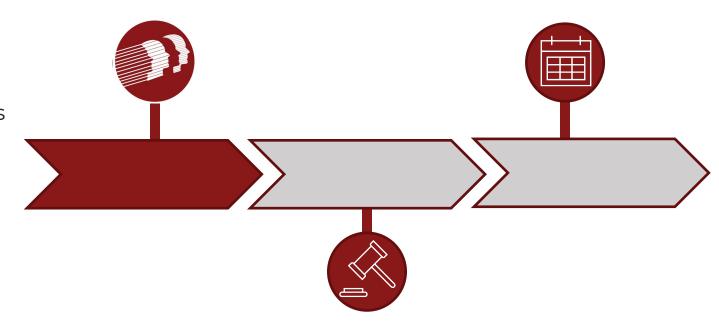
Unwinding

Process by which the State will resume annual Medicaid eligibility reviews.

BACKGROUND

2022DHSS starts
preparations
for

unwinding.



April 1, 2023

Congress designates as date for unwinding to begin.

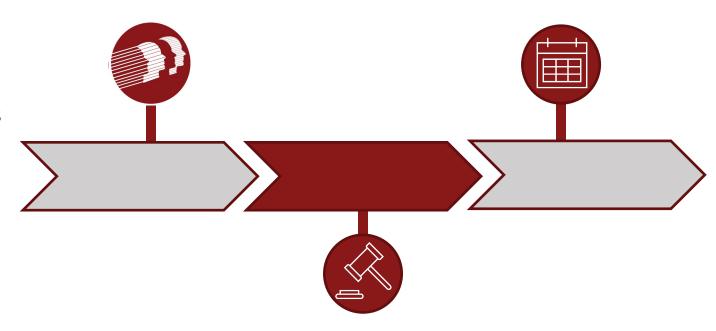
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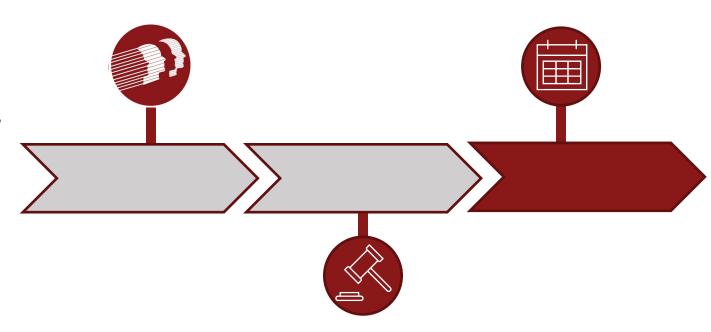
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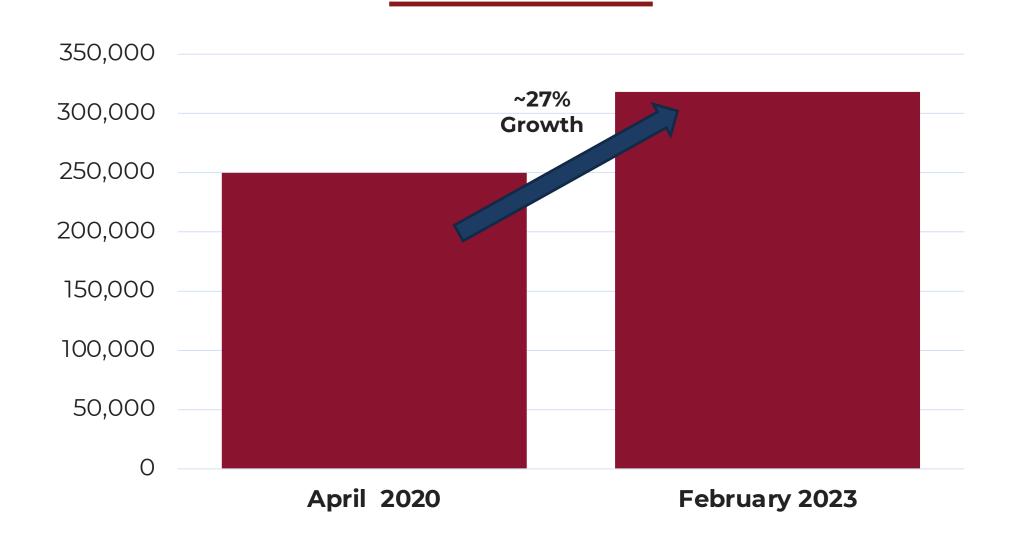
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MEDICAID RECIPIENTS



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During unwinding, DSS/DMMA will process monthly:

- 5,245 non-LTC Medicaid renewals
- 1,831 LTC Medicaid renewals

Based on CMS's requirement that no more than 1/9 of all renewals are completed in any given month.

BACKGROUND

Federal Medical Assistance Percentages (FMAP)

used in determining the amount of Federal matching funds for State expenditures for assistance payments

ENHANCED FMAP PHASEOUT



MEMBERS SHOULD EXPECT:











Members will need to renew their Medicaid over the course of the unwinding period (April 1, 2023 to June 30, 2024).

Members will have to update their contact information or report other changes.

Renewals will be worked from oldest to newest.

Members should be on the lookout for any communication from the State and follow up on it quickly. The DSS Customer Relations Unit, DSS/DMMA eligibility workers, the health plans, and other State staff will be supporting members through this process.

POPULATION-SPECIFIC CONSIDERATIONS

Pregnant Women

DMMA is pursuing a State Plan Amendment to allow for 12-month continuous coverage for pregnant women; this SPA is pending with CMS.

People Living with I/DD

No automatic closures of cases.

Members Living in a Nursing Facility

No automatic closures of cases.

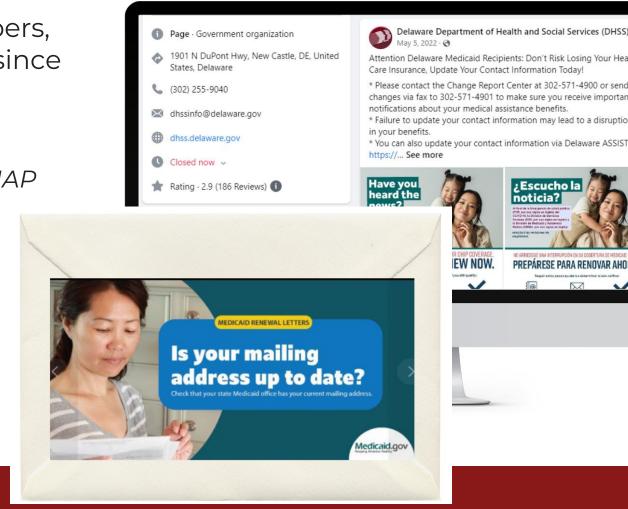
Other Members Eligible for Long-Term Care

No automatic closures of cases.

MEMBER COMMUNICATIONS

DHSS has been in regular contact with members, partners, and stakeholders about unwinding since April 2022.

- MCO text campaign
- Announcements via DMMA, DSS, and DMAP websites, newspapers
- Outreach to providers and stakeholders
- Provider associations
- Community partners and advocates
- Flyers and posters placed in state agency and health care provider offices



COMMUNICATIONS STRATEGY

Audiences

- DHSS
- **DSS Call Centers**
- Health Benefits Manager Call Centers

INTERNAL

- Delaware State Agencies
- State Executive Leadership

EXTERNAL

- Benefits Recipients
- Elected offices
- Managed Care Orgs (MCOs)
- Marketplace Navigators
- Medical Providers and Facilitates
- Community Organizations
- Consumer Advocates

Tactics

DIRECT MEMBER OUTREACH

- Mail (Notices/Letters)
- Text
- Fmail
- Phone
- **ASSIST Self Service** Portal
- DHSS Website Content and Banners
- Social Media Content and Graphics

PUBLIC OUTREACH

- Webinars and Briefings
- Community Partner and Provider Toolkits
- Outreach Materials (Flyers, Posters, Infographics)
- Social Media and Video
- E-newsletter Content
- Media: Press Releases, Media Outreach, and Paid Media Campaign



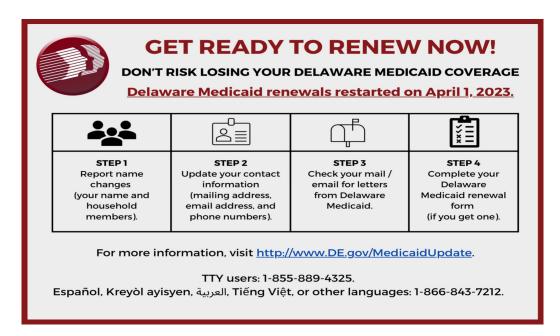


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ONGOING MEMBER COMMUNICATIONS



Postcards will be sent.

Current social media.



TRANSITION TO OTHER COVERAGE

Federally Facilitated Marketplace (FFM)
Navigators in Delaware



Westside Family
Healthcare
westsidehealth.org

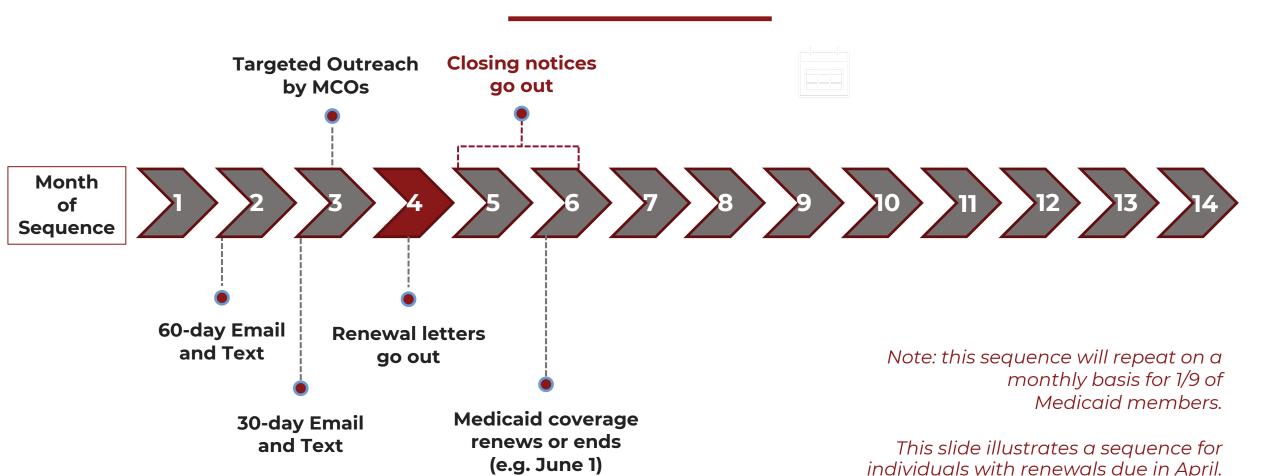


Quality Insights

qualityinsights.org

SEQUENCE OF COMMUNICATIONS

For illustrative purposes only



STATE OPERATIONAL NEEDS

Division of Social Services (DSS)

- Create new Medicaid renewal team
- Create front end fair hearing resolution team
- Augment/realign staff to handle:
 - Returned mail
 - Contacting clients regarding returned renewals
 - Document imaging
- Augment Call Center

Division of Medicaid & Medical Assistance (DMMA)

- Update and test eligibility systems
- System improvements to handle passive renewals (saves a mailing to members automatically deemed eligible)
- Expand staff capacity to process renewals for people receiving long-term care
- Coordinate with health plans to ensure readiness for unwinding

SUMMARY OF ELIGIBILITY UNWINDING









The Consolidated
Appropriations Act
signed in late 2022
dictates that the
unwinding period
will begin on
April 1, 2023.

Unwinding will result in an **unprecedented workload** for the State.

The State has multiple strategies planned to ensure continuity of coverage for individuals.

The State will communicate with members and stakeholders during each stage of the process.

SNAP EMERGENCY ALLOTMENT

On December 29, 2022, the CAA became law, marking the end of SNAP Emergency Allotments in **February 2023.**

SNAP EMERGENCY ALLOTMENT

February 2023

The last month Emergency Allotments will be issued to Delaware SNAP households.

March 2023

The first month since 2020 that benefits will be reduced back to regular eligibility levels.

SNAP BACKGROUND





Individuals received extra emergency food benefits on top of their normal food benefit during the federal Public Health Emergency.

The SNAP
Emergency
Allotment benefit
equaled \$10 million
per month on
average.

Current SNAP caseload: **61,759 cases**

Covering **124,854** individuals

EMERGENCY ALLOTMENT

Emergency allotment = (equals)

current maximum benefit amount for the household size **minus**

the household's current monthly benefit amount.

Number in SNAP Household	Maximum Benefit Amount
]	\$281
2	\$516
3	\$740
4	\$939
5	\$1,116
6	\$1,339
7	\$1,480
8	\$1,691
Each additional	\$211
person	

EMERGENCY ALLOTMENT



DHSS will still support individuals who qualify for SNAP

















Employment Resources

Financial Coaching

Mental Health, Substance Use & Crisis Support

Child Care Resources & Referrals

Aging & Disability Resources

Food Assistance **Emergency Assistance**

Housing Resources

COMMUNICATIONS STRATEGY

Audiences

DHSS Division Leadership & Staff

INTERNAL

- DSS Benefits Call Center Staff
- Constituent Relations
- Delaware State Agencies
- Offices of the Governor and Lt. Governor and other Statewide Officials

EXTERNAL

- **SNAP** Benefit Recipients
- Community Partners and Advocates
- **Elected Offices**
- Medical Provider Community and Health Care Facilities
- Consumer Advocates and Advisory Committees

Tactics

DIRECT MEMBER OUTREACH

- Mail (Letters)
- ASSIST Self Service Portal
- DHSS Website Content and Banners
- Social Media Content and Graphics

*Messages to be translated to Spanish/Haitian Creole

PUBLIC OUTREACH

- Webinars and Briefings for Key Stakeholder Groups
- Community Partner and Provider Communications Toolkits
- Outreach Materials Social Media and Video
- E-newsletter Content
- Press Releases











Appendix: CAA Provisions

PHE Unwinding

Fixed end date for Medicaid continuous coverage, gradual phasedown of enhanced federal match, and new Guardrails*

Extension through 2024 of several Medicare telehealth flexibilities authorized under the PHE.

U.S. Territories

Extension of higher federal Medicaid match rates for Puerto Rico, American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands.

Maternal Health

Permanent state option to extend 12-months postpartum coverage in Medicaid/CHIP.

Reauthorization of the Maternal, Infant, and Early Childhood Home Visiting Program and new virtual home visiting option.

^{*}Today's focus

Appendix: CAA Provisions

Children & Adolescent Health

Requirement to provide children with 12 months continuous Medicaid/CHIP eligibility, effective January 1, 2024

Extension of CHIP funding through fiscal year (FY) 2029.

Enhancements to the provision of Medicaid/CHIP services while a youth is incarcerated in a public institution

Behavioral Health

Reauthorizes behavioral health programs and expands access to opioid/substance use disorder (SUD) prevention, treatment, and recovery support services.

Requires the
United States
Department of
Health and Human
Services (HHS) to
issue guidance on
crisis response.

Appendix: CAA Provisions

Home and Community-Based Services (HCBS)

Extended funding for the Medicaid Money Follows the Person Rebalance Demonstration program.

Extended protections against spousal impoverishment for recipients of HCBS.

Appendix: CMS Reporting Requirements

The State of Delaware will submit the following:

February 15, 2023

Renewal Distribution Plan

February 15, 2023

Eligibility System Configuration and Testing Plans

April 8, 2023

Baseline Unwinding Data

The State of Delaware will submit the following on a monthly basis from April 1, 2023 to June 30, 2024:

- Number of Clients for Whom Coverage is Renewed
- Number of Clients for Whom Coverage is Passively Renewed
- Number of Clients Whose Coverage is Terminated
- Number of Clients Whose Coverage is Terminated for Procedural Reasons
- Number of Clients Who are Enrolled in Separate CHIP
- Number of Clients for Whom Coverage is Renewed
- Total Call Center Volume
- Average Call Center Wait Time
- Average Call Center Abandonment Rate

APPENDIX: TRANSITION TO OTHER COVERAGE

Federally Facilitated Marketplace (FFM) Actions

If a member is found ineligible for Medicaid/CHIP by the State due to federal regulations:

Member creates account at HealthCare.gov Member verifies identity and starts a new Marketplace application

Member completes their application and reviews eligibility results** Member compares Marketplace plans and enrolls in coverage





State sends letter to members found ineligible for Medicaid/CHIP with information about Delaware's two FFM Navigator organizations





Member contacts Navigator and establishes relationship





Navigators assist member in successfully completing FFM steps



DHSS Actions